

**RFQ NOTIFICATION SHEET**  
**Office of Contracts and Rate Setting**

State of Michigan  
Department of Human Services

Notice of a request for quotations is hereby given Pursuant to Act No. 124 of the Public Acts of 1999.

Amount:	ITB Number
<b>\$52,325/year</b>	<b>DHS SFSC 08 39002</b>

<p>Bid Description:</p> <p><b>Kalamazoo County: Kinship Care Education and Support</b></p>
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Due Date For Response:	<b>01/09/2008</b>
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Contact Person Name:	Phone #:
<b>Ruth Yoshikawa, Contract Administrator</b>	<b>(269) 337-5255</b>
E-Mail Address:	
<b>yoshikawar@michigan.gov</b>	

## REQUEST FOR QUOTE

# Michigan Department of Human Services (DHS)

Contract/RFQ Number: **RFQ SFSC 08 39002**

**Bid Submission Due Date & Time:** Wednesday, January 9, 2007 12:00 noon

Geographic Area to be Served: **Kalamazoo County**

Service Titles:

1. KINSHIP CARE COORDINATION SERVICE
2. KINSHIP CARE EDUCATIONAL WORKSHOPS
3. KINSHIP CARE EXPERIENCE WORKSHOPS
4. SUPPORT GROUPS

Anticipated Contract Begin and End Dates: **March 1, 2008 thru September 30, 2010**

Method of Reimbursement:    **x**    Actual Cost                    **x**    Unit Rate

Unit Rate: Bidder is requested to provide a unit rate cost for Service Titles – Education Workshops, Workshops, and Support Groups. Rate should be based on the estimated cost to present one session; i.e., estimate the cost of one, 3-hour educational session, or one 2-hour support group, or one 4-hour workshop/intergenerational workshop.

Maximum Annual Contact Amount:     \$ 52,325.00                      per year

Issuing Office: Department of Human Services    **Kalamazoo County**

Contact Person: Ruth Yoshikawa

Telephone #: 269-337-5255 Fax #: 269-337-5179

Email Address: [yoshikawar@michigan.gov](mailto:yoshikawar@michigan.gov)

December 27, 2007 at 9:00 am

Pre-proposal Conference: (Date, time, location) **Kalamazoo Co. Dept. of Human Services**

322 E. Stockbridge Ave.  
Kalamazoo MI 49001

(Please notify the contact person above if you plan on attending)

Bidder Questions Due Date & Time: December 27, 2007 9:00 am

Submit 5 copies of the bid response and two (2) copies of the budget document, in a separate sealed envelope, to this address:

Kalamazoo County Dept. of Human Services

DHS Office

322 E. Stockbridge Ave.

Street Address

Kalamazoo

City

MI

State

49001

Zip

Bidders must submit all **inquiries** regarding content by email or surface mail. Bidders must submit all bid **responses** either in person or by surface mail. Bid responses which are faxed or emailed will not be considered for award. DHS will post all necessary clarifications and revisions to its initial material onto the DHS RFQ web site. Interested bidders are advised to monitor the website on a daily basis.

Bid responses that exceed the maximum annual dollar amount indicated for the RFQ will not be considered for award. The contract amount for subsequent years will be dependent on DHS' availability of funds and service needs. The established price per unit of service will be in effect for the entire period of the contract.

Delays at the beginning of the first contract period will result in a prorating of the annual dollar amount.

To be considered, bid responses must arrive at the Issuing Office on or before the date specified above. Bidders mailing bid responses should allow normal delivery time to ensure timely receipt of their bid responses.

Awards made as a result of this RFQ will require execution of a contract with DHS. The contract will contain standard non-negotiable General Provisions. A copy of the General Provisions is available upon request.

### Rating

All bid responses will be evaluated on the basis of rating criteria identified in the RFQ. Contracts will be awarded using a two-step process linking price and quality. The most recent audit of each bidder may be reviewed by DHS, at its discretion, to determine the bidder's fiscal viability. DHS may eliminate from the rating process any bidders that fail to pass this review. If the bidder has provided contractual services to DHS previously, DHS may consider reviewing monitoring and/or outcome information related to prior contracts.

Authority:	P.A. 2080 of 1939.
Completion:	Mandatory.
Penalty:	Contract Invalid

Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.
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## **BIDDER OVERVIEW**

This Request for Quote (RFQ) package contains the following elements:

1. Cover Sheet
2. Description of Services for Bidder Response
3. Rating Criteria
4. Request for Quote Policy
5. Bidder Information and Instructions
6. Bidder Response Section
7. Cost Quotation
8. Budget Completion Instructions

## **Description of Services for Bid**

### **I. CONTRACTOR RESPONSIBILITIES**

#### **A. Geographic Area**

The Contractor shall provide services described herein in the following geographic area: Kalamazoo County

#### **B. Location of Facilities**

The Contractor shall provide services described herein in facilities located at:

To be determined

#### **C. Client Eligibility Criteria**

1.
  - a. Cases with an open DHS Children's Protective Services, Foster Care, Prevention or Delinquency case.
  - b. Clients who have had an open DHS CPS, CFC, Prevention or Delinquency case within the past 18 months.
  - c. Adoptive families and their minor child(ren) when the child(ren) have been adopted from a state's foster care program and for who the adoption has been finalized and for whom a need for post-adoptive services has been identified by DHS.
  - d. Families who have had a CPS investigation within the past 18 months.
  - e. Any families currently involved with Family to Family Services to prevent out of home placement of a child by DHS
  - f. Pregnant and/or parenting youth, custodial and non-custodial parents under the age of twenty-one (21) who are eligible under the Temporary Assistance to Needy Families (TANF) Program based on income eligibility.
  - g. Non-parental relatives and/or caregivers in need of supportive services to provide care to a minor child to prevent DHS foster care placement.
2. Determination of Eligibility: The Local DHS Office shall determine eligibility. The Local DHS office may initiate a referral by telephone as long as it is followed up within seven (7) work days from initial phone call with a written referral.

D. Credentials and Employee Clearances

Credentials

The Contractor shall assure that appropriately credentialed or trained staff shall perform functions under this Agreement who shall have a minimum of a bachelor's degree in education, social work, counseling or a related field.

Employee Clearances

As a condition of this Agreement, each Grantee certifies the Grantee will conduct or cause to be conducted, for each applicant, employee, subcontractor, subcontractor employee or volunteer who works directly with clients under this agreement, an Internet Criminal History Access Tool (ICHAT) check and for each applicant, employee, subcontractor, subcontractor employee or volunteer who works directly with clients under this agreement and who has not resided or lived in Michigan for each of the previous ten (10) years, a National Crime Information Date (NCID) criminal record check and an ICHAT check. The Grantee further certifies that the Grantee shall not submit claims for or assign to duties under this Agreement, any employee, subcontractor, subcontractor employee, or volunteer based on a determination by the grantee that the results of a positive ICHAT or NCID response record make the individual ineligible to provide the services. Grantees may consider the recency and type of crime when making this determination. The Grantee must have a written policy describing the criteria on which its determinations shall be made. Failure to comply with this provision may be cause for immediate cancellation of this Agreement.

E. Services to be Delivered

Service #1 of 4: KINSHIP CARE COORDINATION

1. Activities the Contractor shall perform:

The Contractor shall:

- a. Accept referrals either verbal or written made by the local DHS for attendance at educational workshops and/or support groups. All verbal referrals will be followed up in writing within seven work days.
- b. Contact the referred kinship care giver within five workdays to explain services offered:
  1. 8-Week Educational Workshop

2. Support Group Availability
  3. Additional Workshops and Semi Annual Inter-generational Workshops
- c. Publicize the program in county schools, agencies serving seniors and/or relative care givers, and public and private agencies by sending written materials and arranging for speaking engagements to promote workshop attendance and support group participation.
  - d. Update and maintain a specialized resource directory that identifies agency/organizations that provide services which may include but not be limited to child day care, respite and recreational resources, medical and mental health services, financial assistance, legal assistance, education and guardianship.
  - e. Develop and conduct a quarterly comprehensive survey of known kinship providers in Kalamazoo County.

The survey shall:

1. Be conducted quarterly.
  2. Be provided to approximately 20 kinship care givers each quarter.
  3. Evaluate and determine the various needs of kinship care givers such as e.g.; respite, day care, etc.
  4. Analyze the data from the survey and identify duplication of services, what services are utilized and provide recommendations and possible solutions based on this analysis.
  5. Provide a copy of the surveys and results to the Local Kalamazoo DHS.
- g. Case File: Maintain a case file for each referral that will contain all written documentation relating to services provided to the kinship care giver. This would include the written referral and all other documentation relating to services provided.

## 2. Volume of Service

Clients - The estimated number of eligible clients to be served during the period of this Agreement shall be: 138 adults and 206 children (minimum 50 adults and 75 children per one full year).

Unit Definitions: One unit equals one hour of the Contractor's time providing Kinship Care Coordination services.

Units: The estimated number of units of service to be provided per term of the Agreement shall be: 2,475.

Service #2 of 4: KINSHIP CARE EDUCATIONAL WORKSHOPS

1. Activities the Contractor shall perform:

The Contractor shall:

- a. Design and provide 3 workshops per year. Each workshop will consist of 8 weekly sessions, 3 hours per session with a minimum of 6 attendees and a maximum of 12.

The purpose of the workshops is to provide kinship care givers with practical knowledge regarding caring for children whose parents are unable to provide care. They should also be designed to give the kinship care givers the opportunity for learning through discussion and written materials.

- b. Provide workshops on several topics to include (but not limited to)

Community and personal resources  
Stress management/stress reduction techniques  
Health care issues/child health & development  
Family dynamics  
Legal issues specific to kinship/grandparent caregivers  
Substance abuse prevention/education  
School involvement and advocacy  
Child rearing with children experiencing losses, poor self-esteem and /or emotional problems  
Abandonment, anger and sadness experienced and expressed by children raised by relatives  
Parenting  
Grief and Loss  
Conflict Resolution  
Communication  
Safety

Contractor may use the "Second Time Around...Grandparents Raising Grandchildren, Grandparenting with Love and Logic and/or Strengthening Families" curriculums for the workshops.



- c. Provide workshops at locations accessible to all clients. Contractor is responsible for providing and arranging for clean, adequate meeting rooms. Workshops will be held during day, evening hours or at mutually agreed upon hours.
- d. Workshops must have a minimum of 6 attendees and a maximum of 12 attendees.
- e. Provide on-site childcare for children of the participants during the weekly workshop sessions. (Daycare costs cannot exceed the DHS approved Day Care Rates)
- d. Document and maintain records of each workshop including; date of workshop, begin and ending times, names and addresses of attendees, topics covered, and daycare information.

## 2. Volume of Service

Clients - The estimated number of eligible clients to be served during the period of this Agreement shall be: 96 (36 per year)

Unit Definition(s): One unit equals one 3 hours session facilitated by the Contractor, attended by a minimum of 6 attendees and a maximum of 12 attendees.

Units: The maximum number of units of service to be provided per term of Agreement shall be: 24

## Service # 3 of 4: KINSHIP CARE EXPERIENCE WORKSHOPS

### 1. Activities the Contractor shall perform:

The Contractor shall:

- a. Provide quarterly workshops that will last for (4) hours per workshop and will be attended by a minimum of 12 kinship care givers in Kalamazoo County.
- b. Plan and conduct two (2) inter-generational workshops each year that last 4 hours per session to allow kinship care givers and their children the opportunity to interact with persons who have had similar experiences. Coordinate with other agencies to provide refreshments, recreational activities, and other group activities at these events. The

workshops will be attended by a minimum of 12.

- c. Kinship Care Experience Workshops shall support the topics presented at the Kinship Care Educational Workshops.
- d. Contractor is responsible for providing and arranging for clean adequate meeting rooms that are accessible to all potential kinship care givers. Workshops will be held during mutually agreed upon hours.
- e. Document and maintain records of each workshop including; workshop dates, begin and ending times, names and addresses of attendees, topics covered, daycare information.

## 2. Volume of Service

Clients - The estimated number of eligible clients to be served during the period of this Agreement shall be: 138 adults and 206 children (minimum 50 adults and 75 children per one full year).

Unit Definitions: One unit equals one 4 hour Kinship Care Experience Workshop facilitated by the Contractor, attended by a minimum of 12 attendees.

Units: The estimated number of units of service to be provided per term of the Agreement shall be: 15

## Service #4 of 4: SUPPORT GROUPS

### 1. Activities the Contractor shall perform:

The Contractor shall:

- a. Conduct a minimum of one monthly support group meeting. Each support group meeting shall have a minimum of 6 and a maximum of 12 participants. Each meeting will last a minimum of 2 hours.
- b. Promote attendance at support group meetings by;
  - 1. Providing on-site daycare during the support group meetings.
  - 2. Providing transportation to and from the support group meeting.
- c. Prepare an agenda of topics that could be discussed at each support group to enhance the information learned through workshop attendance. Support group discussion must not be limited to the

agenda. Open discussion of concerns, successes, and information should be encouraged of all participants.

- d. Maintain a listing of participants in each support group. Provide a listing of families served to the referring agency on a monthly basis.

2. Volume of Service

Clients - The estimated number of eligible clients to be served during the period of this Agreement shall be: 396 (144 per year)

3. Unit Definition(s): One unit equals one Kinship support group that is facilitated by the Contractor monthly, is at least 2 hours long, and is attended by a minimum of 6 attendees and a maximum of 12.
4. Units: The maximum number of units of service to be provided per term of Agreement shall be: 33

F. Evaluation Reporting Requirements

The Contractor shall submit to DHS monthly reports that indicate the status and effectiveness of activities performed under this Agreement as indicated:

1. Number of workshop participants
2. Number of participants in support groups and other kinship care based activities
3. Number of collaborative contacts made with other agencies
4. Workshops and support groups updates and summaries

## REQUEST FOR QUOTE - RATING CRITERIA

This request for quote will not be reviewed and the bidder will be disqualified from further consideration for award if the bid is incomplete or not received by the specified submission deadline.

Request for Quotes (RFQ) will be rated by a Rating Committee according to the following criteria:

### **I. Bidder's Experience/Qualifications**

(Maximum points 35)

#### **A. Agency**

1. Has bidder ever performed these or similar services comparable to the services being bid for DHS or another purchaser?

Considerations:

- How recently were services provided and for what duration?
- Were there previous contracts with DHS?
- Were the principle characteristics of target population serviced comparable and relevant to the services being bid?
- Has the bidder documented successful outcomes for clients as a result of services provided?

2. To what degree is experience with other similar services relevant to the service(s) being bid?

3. Has the bidder demonstrated the ability to collaborate with, or otherwise utilize, relevant community system resources to enhance outcomes for clients:

#### **B. Staff**

1. Do the position descriptions and resumes indicate that direct service staff possess educational credentials, knowledge, skills, attributes, and other characteristics that qualify them to provide these services?

Considerations:

- Length of experience
- Similarity of experience to services to be required

- Are salary schedules commensurate with job descriptions and requirements?
2. Does the bidder describe an acceptable level and structure for supervision with regard to the following?
- Amount of supervisory time dedicated to this project.
  - Number of staff and programs for which each supervisor is responsible.
  - Availability of supervisor for emergencies and during non-traditional hours (where appropriate).

Considerations:

- Length of experience
  - Length of supervisory experience
  - Similarity of experience to services to be required.
  - Is supervisory staff required to have an appropriate level of direct care experience?
3. Does the bidder have management and administrative support personnel sufficient to produce a satisfactory level of performance?

Considerations:

- Similarity of direct experience to services to be required.
- Length of experience.
- Is there a sufficient number of management and administrative support personnel adequate to produce a satisfactory level of performance?
- Will the service provided correspond to DHS' needs?
- Does current management and administrative staff have appropriate previous work experience in human service administration?

### **C. Education and Training**

1. Are educational requirements appropriate for each of the following types of staff?
- Direct Services
  - Supervisory
  - Administrative

2. Is the bidder's training program for new staff acceptable with regard to the number of hours of training, and the training curriculum?
3. Is the training scheduled in a manner that assures new staff will have appropriate skills prior to service delivery.
4. Does the bidder provide an acceptable level of training for on-going staff with regard to frequency, number of hours, and determination of topics relevant to services and staff needs?

**D. Performance** ("Purchaser" may refer to DHS or other entities.)

1. Were the services monitored by the purchasing agency? Was there documentation provided in a monitoring report regarding quality of service?
2. Were the terms of the agreement(s) fulfilled satisfactorily? (Was objective, supportive, documentation from the purchaser provided?)
3. If not, did the bidder submit and implement a corrective action plan that met the needs of the purchaser?

**II. Program Implementation (Work Plan)**

(Maximum points 35)

**A. Service Delivery**

1. Does the bidder's work plan demonstrate an understanding of service objectives?
2. Does the bidder demonstrate ability to fully implement all aspects of the service design?
3. Is the work plan clear and detailed?
4. Does the work plan describe an approach that integrates service delivery to the client population in a way that assures achievement of goals for the client population?
5. Is the bidder's plan for addressing the needs of a diverse client population adequate with respect to:
  - . Transportation needs
  - . Client characteristics
  - . Physical disabilities

- Language difficulties
  - Cultural concerns
6. If applicable, does the bidder describe an effective approach for notifying prospective clients of service availability? Has the bidder been responsible for notification of service availability in the past:
    - For this or other programs.
    - To a similar target population.
  7. Does the bidder describe an effective approach for attracting and maintaining a high degree of client participation and investment in the program?
  8. Does the proposal include documentation that past efforts at client engagement were successful?
  9. If the bidder is responsible for determination of client eligibility, is the process for determination appropriate, and does it include appropriate documentation?
  10. Does the work plan demonstrate that the bidder will be able to make initial contact with clients within the required time period?
  11. Does the bidder demonstrate successful collaborative working relationships with other relevant community systems by:
    - Identifying resources within the community that are available to assist the family?
    - Does the bidder describe established formal and informal working relationships with relevant community agencies and staff? Was there documentation of ability to advocate and secure resources for clients?
  12. Did the bidder demonstrate that past service contract and reporting deadlines were met?

## **B. Staffing**

1. Does the proposed organizational chart describe appropriate lines of supervision and authority to assure efficient delivery of service and contract compliance?

2. Does bid response include appropriate position descriptions for executive/administrative staff, management/supervisory staff, direct-care-staff, and other supportive personnel?
3. Does the bidder identify an adequate plan to assure an appropriate level of staff screening?
4. Does the bidder have an acceptable turnover rate for direct care staff?
5. Does the bidder have an acceptable plan in place to address continuation of service when staff turnover occurs?

**C. Outcomes**

1. Were behavioral outcomes of services provided to DHS or other purchasers satisfactory?
2. Was the bidder able to demonstrate ability to establish and achieve outcome goals?
3. Were behavioral outcome goals that were established for the services appropriate?
4. To what degree were outcome goals achieved? For what percentage of population served were goals achieved? What percentage of goals was achieved?
5. Does the bidder demonstrate an ability to perform follow-up with clients and assess effectiveness of its services? Did the bidder provide evidence of continuous improvement?

**III. Availability/Accessibility**

(Maximum points 15)

- A. Does the bid response adequately describe how the bidder will identify the client population?
- B. Does the bidder have an adequate plan for informing eligible clients of the availability of their services?
- C. Is the bidder able to provide services at times when most clients can access them?
- D. Transportation



- . Is the bidder located close to public transportation?
  - . Is the bidder's plan for arranging/providing client transportation feasible and appropriate?
- E. Does the bidder make adequate provision for client transportation needs?
- F. Are the bidder's facilities and services easily accessible to clients with disabilities?
- G. Is the facility large enough to meet the demand for services in the geographic area?
- H. Is the bidder's plan for addressing client language barriers feasible and appropriate?
- I. Does the bidder have an appropriate plan for serving clients with physical disabilities?

#### **IV. Fiscal Resource Allocation**

(Maximum points 15)

- A. Does the bid response demonstrate that the bidder's resources can provide a consistent capacity to sustain an adequate level of service throughout the life of the agreement (including staffing, communication, resources, and the described facility [both location and size])?
- B. Is supervisory and administrative support adequate with respect to:
  - . Consultation
  - . Back-up
  - . Span of control
- C. Are the number of direct-care staffing hours adequate to deliver the level of needed service, as identified in both the fiscal and narrative portions of the bid response?
- D. Are the resources (budgeted details such as salaries, occupancy, communication, supplies & equipment, transportation, contracted services, and miscellaneous) reasonable to accomplish the bidder's work plan, and reasonably adequate to provide a consistent level of service throughout the life of the agreement?
- E. Are the resources identified in the narrative portion of the proposal consistent with those in the budget?

- F. Is the quantity of resources appropriate and reasonable for the level of proposed services? Do they match?
- G. Has the bidder identified other funding and/or donated or non-cash resources to support services and use the funding efficiently?
- H. Has the bidder documented sufficient match to meet state and/or federal requirements?
- I. Does the bid response include unallowable costs that will impact the ability of the bidder to implement the work plan?
- J. If the bidder provides in-kind, do they demonstrate a dependable, consistent source of in-kind funding?

**V. Price Competition**

Competitiveness in pricing will be determined using a formula that will divide the lowest bid price (from that region) by the bidder's price, and then multiply that by the bidder's initial score, determined through the above rating criteria.

## REQUEST FOR QUOTE POLICY

### General Information

This Request for Quote (RFQ) provides interested bidders with sufficient information to prepare and submit proposals for consideration by the Department of Human Services.

#### 1. Contract Award

Contract award negotiations will be undertaken with those Contractors whose bid responses, as to price and other factors, show them to be qualified, responsible, and capable of performing the work.

The contract entered into will be that contract most advantageous to DHS, price and other factors considered. DHS reserves the right to consider bid responses or modifications thereof received at any time before award is made, if such action is in the best interest of DHS.

If a contract is awarded, the selected bidder will be required to comply with standard, non-negotiable General Provisions, which will be a part of the contract.

#### 2. Rejection of Bid Responses

DHS reserves the right to reject any and all proposals received as a result of this RFQ, or to negotiate separately with any source whatsoever in any manner necessary to serve the best interest of DHS. This RFQ is made for information or planning purposes only. DHS does not intend to award a contract solely on the basis of any response made to this request or otherwise pay for the information solicited or obtained.

#### 3. Incurring Costs

The State of Michigan is not liable for any cost incurred by the Contractors prior to issuance of a contract.

#### 4. Inquiries

Questions regarding content of this RFQ must be submitted in writing to the Issuing Office. All questions must be submitted on or before the date and time specified on the cover sheet.

#### 5. Amendment to the RFQ

In the event it becomes necessary to revise any part of this RFQ, addenda will be posted to this website.

6. Response Date

To be considered, bid response must arrive at the Issuing Office on or before the date and time specified in the cover sheet. Bidders mailing responses should allow normal delivery time to ensure timely receipt of their bid responses.

7. Bid Response

To be considered, bidders must submit a complete response to this RFQ, using exclusively the format provided in the "Bidder Response to DHS". Bid Responses must be signed by an official authorized to bind the bidder to its provisions. The bid response must remain valid for at least 90 days.

8. Acceptance of Bid Response Content

The contents of the bid response of the successful bidder may become contractual obligations if a contract ensues. Failure of the successful bidder to accept these obligations may result in cancellation of the award.

9. Economy of Preparation

Bid Responses should be prepared simply and economically, providing a straightforward, concise description of the bidder's ability to meet the requirements of the RFQ.

10. Prime Contractor Responsibilities

The selected Contractor will be held accountable for all services offered in the bid response. Further, the State will consider the selected Contractor to be the sole point of contact with regard to contractual matters, including payment of any and all charges resulting from the contract.

11. News Releases

News releases pertaining to this RFQ on the service, study, or project to which it relates will not be made without prior State approval, and then only in coordination with the Issuing Office.

12. Disclosure of Proposal Contents

Bid Responses are subject to disclosure under the Michigan Freedom of Information Act (P.A. 1976, No. 442).

13. Independent Price Determination

- a. By submission of a bid response, the bidder certifies:
  - 1) The prices of the bid response have been arrived at independently without consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other bidder or with any competitor;
  - 2) Unless otherwise required by law, the price quotation in the bid response has not and will not be knowingly disclosed by the bidder to any potential bidder;
  - 3) No attempt has been made or will be made by the bidder to induce any other person or agency to submit or not to submit a bid response for the purpose of restricting competition;
  - 4) The price quoted is not higher than that given to the general public for the same service.
- b. Each person signing the bid response certifies that:
  - 1) She/he is the person in the bidder's organization responsible within that organization for the decision as to prices being offered in the bid response, and that she/he has not participated, and will not participate in any action contrary to a. 1 through 4 above; or
  - 2) She/he is not the person in the bidder's organization responsible within that organization for the decision as to the prices being offered in the bid response, but that she/he has been authorized in writing to act as agent for the persons responsible for such decision in certifying that such persons have not participated, and will not participate, in any action contrary to a. 1, through 4 above, and as their agent does hereby so certify; and that she/he has not participated, and will not participate in any action contrary to a. 1 through 4 above.
- c. A bid response will not be considered for award if the bidder is found to be noncompliant with any part of section 13 unless the bidder furnishes with the bid response a signed statement which sets forth in detail the circumstance of the disclosure and the Issuing Office determines that such disclosure was not made for the purpose of restricting competition.

## BIDDER INFORMATION

1. To receive reimbursement from the State of Michigan, a Contractor must be registered as a vendor on the Michigan Accounting and Information Network (MAIN)

### To register on MAIN:

- Click on <http://www.cpexpress.state.mi.us>
  - Follow directions.
2. **Proof of public liability insurance** must be provided to DHS prior to the time the contract is executed (issued).
  3. If portions of the services are being subcontracted, the bidder must identify the services the subcontractor will perform and provide all information requested, (including a budget) as it applies to both the bidder and the subcontractor(s).

A contractor is responsible for the performance of any subcontractors who are held to the same standard of quality and performance as the contractor. Raters of bid responses will consider the qualifications of both the contractor and subcontractor when making contract award recommendations.

4. In completing the bidder response, please note the following:
  - The bid response should be paginated, except for attachments
  - Font size should be 12 or larger
  - Observe restrictions on number of pages, if any are noted. Restrictions do not include resumes, position descriptions, organizational charts or other attachments.

## BIDDER RESPONSE SECTION

1. Bidder Name:

2. Bidder Mailing Address:

Bidder E-mail Address:

Bidder Fax Number:

3. Bidder Mail Code: (Identified when registering on **MAIN**. See previous page)

4. Type of Organization: (Check one). Individuals are private proprietary.

private, non-profit

private, proprietary

public

university

5. Bidder's fiscal year begin date: (day and month)

6. Bidder's representative who is the authorized negotiator for the bidder.

(Name)

(Telephone Number/Email)

7. Statement of Intent

The bidder hereby assures that the Request for Quote has been reviewed by the organization's governing body and that body has authorized submission of a bid response; that the person identified above as "bidder's representative who is the authorized negotiator" has been authorized by the governing body to represent the organization for the purposes of the submission of a bid response and contract negotiation; and that the organization intends to provide services according to the information contained in this Request for Quote, if selected and funded to do so.

\_\_\_\_\_  
Signature of Organization  
President or Director

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Typed Name of Organization  
President or Director

\_\_\_\_\_  
(Date)

## **I. Bidder's Experience/Qualifications**

### **A. Agency**

1. Describe these or similar services comparable to the services being bid for DHS or another purchaser. Please include the following:
  - Dates and duration of service provided.
  - Brief description of service(s) provided.
  - List all contracts with DHS that have been in place within the past 5 years.
  - Principle characteristics of the target population for whom the service was provided.
  - Documentation of successful outcomes for clients as a result of services provided.
  - If similar service, describe degree of similarity and how this service qualifies your agency to provide this service to DHS.
  - Name, email address, and telephone number of a contact person for each individual or agency for whom service was provided.
2. Describe how your agency successfully collaborates with other relevant community systems working to improve outcomes in the community for the targeted population in the RFQ.
3. Provide a list of all contracts with DHS that have been in place for the past five years.
4. Provide addresses of location(s) where the bidder will provide the proposed service(s)

### **B. Staff**

1. Provide job descriptions for all positions charged in the price quotation that indicate staff possess the educational credentials, knowledge, skills, abilities and other characteristics that qualify them to provide proposed services. Please include the following:
  - Length of experience needed.
  - Similarity of staff experience in the area of the proposed services.
  - For each job description provide a salary schedule including all automatic and/or merit pay increases individuals will be eligible to receive during the term of the contract.



2. Provide resumes for any current staff charged in the price quotation that indicate these specific staff possess the educational credentials, knowledge, skills abilities and other characteristics that qualify them to provide proposed services.
3. Complete the staffing allocations and qualifications form, CM-011, Bidder Response: Staffing Allocations and Qualifications at [http://www.michigan.gov/documents/CM-0011\\_162116\\_7.doc](http://www.michigan.gov/documents/CM-0011_162116_7.doc)
  - Titles used in this attachment must match titles used elsewhere in narrative.
  - For each position, list the number of hours and number of weeks to be committed to the services being bid.
4. Describe your agency's supervision structure and plan with regard to the following:
  - Amount of supervisory time dedicated to this project.
  - Number of staff and programs for which each supervisor is responsible.
  - Availability of supervisor for emergencies and during non-traditional hours (where appropriate).
  - Supervision plan for direct care staff.
  - If any, supervision plan for staff team.
5. For your agency's supervision staff, provide the following:
  - Length of experience in direct service provision in proposed or similar services.
  - Length of supervisory experience.

**C. Education / Training**

1. Describe your agency's training program for new staff. Include the number of hours of training, and the training curriculum. Explain how new staff training equips staff for the provision of proposed services.
2. Describe your agency's level of training for on-going staff with regard to frequency, number of hours, and determination of topics relevant to services and staff needs. Explain how on-going training equips existing staff for the provision of proposed services.

**D. Performance** ("Purchaser" may refer to DHS or other entities.)

1. Provide previous monitoring reports for this or similar service purchased by DHS or others.
2. Provide any corrective action plans with documentation of implementation and proof that purchaser was satisfied by the corrective actions taken.
3. If no previous monitoring reports, provide concrete, objective evidence that the purchaser of this or similar services was satisfied.

## **II. Work Plan (Program Implementation)**

### **A. Service Delivery**

1. In narrative form, please describe how you would implement the program described by DHS.
  - Program Implementation
    - Once the contract is awarded, describe how long it will be before your agency will be able to provide service (Please be specific, e.g. 30 days, 45 days, etc.)
    - Describe the methodology used to determine the amount of staff time (both management and direct) needed to fulfill the terms of the service as described.
    - Describe the manner in which your agency will interact with the following organizations involved with the client's plan of treatment: Court, DHS, and other agencies.
  - Target Population

Describe the needs and strengths of the targeted population and its impact on service delivery. Include how your service delivery is tailored to respond specifically to the client population with respect to:

    - Transportation needs.
    - Client characteristics.
    - Physical disabilities.
    - Language difficulties.
    - Cultural concerns.
    - Other.
  - Work Plan
    - Provide a description of how the specified service(s) would be provided to client(s).
    - Include each step, process or activity a typical client(s) would encounter in successfully completing this service, and how these steps contribute to client goal achievement, and program success.

- Include evidence of your ability to meet time frames required in the RFQ. If no required time frames, indicate anticipated time frames, with rationale for them.
  - Include a program flow chart if desired.
  - Include the total anticipated duration of service for each client, the frequency of contacts, and time spent with client during each contact.
2. If applicable, describe your agency's approach to notifying prospective clients of service availability. Describe past efforts for notification of this or similar service availability to a similar target population. Provide documentation that such efforts were successful in attracting the number of clients targeted to be served.
  3. Describe how your agency will attract and maintain a high degree of client participation, engagement, and investment in the program. Provide documentation that past efforts to engage clients were successful. Include agency's ability and plan to provide this service during non-traditional service hours.
  4. If applicable, describe your agency's method for determining client eligibility.
  5. Describe your agency's method for determining client assessment. Please include any formal tools or methods used.
  6. If applicable, provide a description of how the treatment plan is developed, including a sample treatment plan based on common characteristics of the targeted population. Explain how the treatment plan contributes to client's achievement of the client's individual goals and to the goals of the overall program.
  7. Describe how the agency collaborates with other relevant community systems and resources through:
    - Identifying resources within the community that are available to assist the family.
    - Connecting the family to those identified resources.
    - Advocating with the client for needed services or resources.
  8. Documentation and timeliness of Reports
    - Provide procedures in-place to meet service contacts and reporting deadlines.
    - Describe your procedures for case review of reports.

- Document your success in the past at meeting service contacts and reporting deadlines in this or in similar services provided.

9. Continuation of Service Plan

- Describe your agency's plan for continuation of service when staff turnover occurs.

**B. Staffing**

1. Provide organizational chart that includes proposed service, making sure that position titles match title designations in bid and budget.
2. Provide your agency's plan for staff screening in regard to criminal record checks and central registry clearance for employees who will have any direct contact with children.
3. Turnover Rate
  - Using the matrix and formula below, provide your agency's turnover rate for the listed job categories for the past three years:

**FORMULA** 
$$\frac{\text{Total \# of those who left over period} \times 100}{\text{Average total \# employed over same period}}$$

Category	2006	2005	2004
Managerial/Supervisory			
Direct Service			
Total staff (including support)			

*The total # of leavers includes all leavers: voluntarily, involuntarily due to dismissal, retirement, etc.*

*Example:* In 2006, in an organization with a total staff of 47 employees, 5 employees leave. The total number of leavers then is 5, which when multiplied by 100 equals 500. This is divided by the average total number employed for this period of time (45), which results in an 11% turnover rate for total staff.

- Provide commentary regarding your agency's turnover rate
  - Explanation of past turnover rate.
  - Anticipated future turnover rate.
- Describe systems in place to encourage staff retention.

**C. Outcomes**

1. Describe behavioral outcomes achieved in this and/or similar services, i.e., provide goal achievement that reflects objective (e.g., specific measurable, achievable, that reflects objective (e.g., specific measurable, achievable, realistic, time-bound) differences in the program population pre and post service.
  - Describe the degree to which outcomes goals were achieved.
  - Include what percentage of the program population successfully achieved these goals.
  - If goals were not reached, described what action was taken by your agency.
2. Describe your agency's resources for achieving these goals of the specific services outlined in the RFQ.
3. Describe your agency's plan for continuous quality improvement.
4. Achievement of Outcomes
  - Specify the number of clients expected to achieve the desired outcomes.
  - Identify anticipated outcomes for the services to be provided.
  - What percentage of outcomes will be achieved for clients served?

#### **IV. Availability/Accessibility**

- A. Specify your agency's normal hours of operation.
- B. Indicate your agency's ability and willingness to provide additional hours at other times or days if necessary.
- C. If required, describe how your agency would provide 24/7/365 accessibility to clients. (i.e., staffing allocation, communication, transportation, etc.) Be sure to include whether the client has access after hours to their identified worker.
- D. Identify each location where services will be provided. Include the street address, city, and zip codes for all locations.
- E. Using Attachment C (Availability/Accessibility to Clients) identify your agency's location in relation to public access.
- F. Describe your agency's plan for arranging and/or providing client transportation.

- G. Describe your agency's ability to provide outreach services in clients' homes or mutually agreed-upon locations if this is requested in the service description.
- H. Describe your agency's ability to respond to crisis situations.
- I. Do your agency's facilities and services allow/encourage participation by clients with disabilities? Are facilities accessible by wheelchair? Are restrooms accessible, etc.?
- J. Describe the size of your facilities and how that impacts your agency's ability to meet the demand for services in the geographic service area.
- K. Describe your agency's process for addressing client language barriers.
- L. Describe your agency's plan for use of specific assistance. How will it be used and when?

#### **IV. Budget Completion/Fiscal Resource Allocation**

Complete the following Price Quotation sheet and a Budget Statement (CM-468) and Budget Detail Sheets (CM-468A) ([http://www.michigan.gov/documents/CM-468ex\\_15681\\_7.xlt](http://www.michigan.gov/documents/CM-468ex_15681_7.xlt)) in accordance with instructions. The bidder should complete the Budget forms only for the first 12 months if the bid response is for a multi-year period.

The bidder should submit price quotation and budget in an envelope separate from the rest of the bid response.

- If the initial period of the contract is for less than 12 months, a prorated contract amount will be calculated accordingly.
- The price established and approved by DHS will be in effect for the entire period of the contract and cannot be changed during that time.

#### **Budget Narrative**

Use the attached template, Resource Grid (CM-0043) [www.michigan.gov/documents/CM-0043\\_162118\\_7.doc](http://www.michigan.gov/documents/CM-0043_162118_7.doc) to provide a narrative description of all resources the bidder requires to meet the requirements of the contract. Please be as brief as possible, while including all pertinent information.

1. Itemize (without indicating actual dollar amounts) the types of employees benefits offered, the square footage of each facility, supplies, travel mileage and other resources included in your budget. Be as specific as possible and quantify all resources whenever possible.

2. If resources will be provided through another source, identify the source and type of funds to be used. All match and in-kind funding should be identified and explained.

This information will be used to determine whether or not the resources included in the price quotation are adequate to provide the services DHS wishes to purchase as stated in the RFQ. The budget narrative will be compared to the price and budget documentation for each bid response submitted by an individual specifically assigned to conduct a fiscal review.

NOTE: Do not include figures that would indicate the dollar amount of bid response or unit cost in this section. Dollar amounts should be stated in the sealed price/budget portion of your response.

**PRICE QUOTATION**  
Michigan Department of Human Services

**BIDDER NAME:**

Use this form to state the price offered to DHS for the service to be provided. The price quoted is to be per unit of service as defined in the service description in the RFQ and extrapolated from the budget information provided. Please identify the service being bid, using the title as shown in the RFQ.

Service #1: \_\_\_\_\_

Unit Definition: _____ a. Price per unit of service:	\$_____/unit
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Service #2 (if applicable): \_\_\_\_\_

Unit Definition: _____ a. Price per unit of service:	\$_____/unit
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Service #3 (if applicable): \_\_\_\_\_

Unit Definition: _____ a. Price per unit of service:	\$_____/unit
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Service #4 (if applicable): \_\_\_\_\_

Unit Definition: _____ a. Price per unit of service:	\$_____/unit
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Bidder: Submit this form in a separate envelope with the budget.

Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.



**BIDDER RESPONSE: STAFFING ALLOCATION AND QUALIFICATIONS**

Michigan Department of Human Services

Bidder Name (1)	
County	Type of Service

CATEGORY	POSITIONS/TITLES (3)	RATE/ HOUR	HOURS/ WEEK (providing this service solely)	# OF WEEKS	QUALIFICATIONS
(2) MANAGERIAL/ SUPERVISORY					
DIRECT SERVICE					
SUPPORT STAFF					

- (1) Please provide information on staffing only for services to be provided for the request for quote/contract.
- (2) Managerial/supervisory refers to administrative positions. If a position is both administrative and direct service, place the position in whatever category the bulk of the individual's time will be spent.
- (3) Use same titles in narrative as on this page.

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## RESOURCE GRID

### MICHIGAN DEPARTMENT OF HUMAN SERVICES

\* Do not include dollar amounts.

\*\* List any match resources your agency will be providing and the fund source of that match.

Resource	Description
Employee Fringe Benefits (FTEs by position)	
Occupancy (square feet and number of Facilities)	
Communications (fax, telephone, number of lines and phones)	
Supplies (general, program, duplicating)	
Equipment	
Local Transportation (number of miles for client transportation)	
Contractual Services	
Specific Assistance to Individuals	
Miscellaneous	

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**Availability/Accessibility To Clients**  
Michigan Department of Human Services

PLEASE CHECK THE BOX THAT MOST CLOSELY DESCRIBES YOUR AGENCY'S LOCATION IN RELATION TO PUBLIC ACCESS.	
Within 0 – 1 block of public transportation	<input type="checkbox"/>
Within 1 – 2 blocks of public transportation	<input type="checkbox"/>
Within 2 – 3 blocks of public transportation	<input type="checkbox"/>
Greater than 3 blocks from public transportation	<input type="checkbox"/>
Are your facilities easily accessible to clients with disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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